## **EXHIBIT B**

## BASE OPTIONS AVAILABLE FOR MEDIONNE REMEMBLE NOT

	Remicade rate		
Base	per viai Dollars	Definition	Implication
AWP*	691.61	<ul> <li>Average wholesale price</li> <li>Current reimbursement to physicians</li> <li>Reported by manufacturers and subject to manifoliation</li> </ul>	Allows companies to offer differential net product reimbursement
WAC**	532.01 (AWP -23%)	<ul> <li>Wholesale acquisition cost</li> <li>Price wholesalers pay to pharmaceutical companies before rebates or discounts</li> <li>Providers acquire drugs at WAC +1-2%</li> </ul>	<ul> <li>Allows companies to offer differential net product reimbursement, but to a lesser degree than AWP</li> <li>Provides fess market transparency</li> </ul>
AMP**	521.40 (AWP -25%)	<ul> <li>Average manufacturing price</li> <li>WAC – a</li> <li>– a = cash discounts given to wholesalers</li> <li>Reported to Medicaid</li> </ul>	<ul> <li>Basis for setting Medicaid reimbursement</li> <li>Average price for retail segment</li> </ul>
ASP***	504.41 (AWP -27%)	Average selling price  • WAC – a-b  – a = cash discounts given to wholesalers  – b = other rebates or special contracts	<ul> <li>Prevents companies from differentiating on net product reimbursement via contracts or rebates</li> <li>Most transparent price of Centocor revenue per vial</li> <li>May give Enhrel a competitive</li> </ul>

\* Current system

\*\* The mechanics of WAC and AMP are essentially similar except AMP numbers subtract cash discounts to wholesalers and are reported to government as part of Medicaid purchasing

\*\*\* Most likely scenario is ASP plus undetermined add-ons

Source; Centocor and McKinsey analysis

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constrained by Medicare rules

advantage on private side

contracting if it is not